

CAP PAYMENT/REIMBURSEMENT DOCUMENT FOR AVIATION/AUTOMOTIVE/MISCELLANEOUS EXPENSES					1. MISSION NUMBER		START DATE		STOP DATE			
2. TYPE MISSION <input type="checkbox"/> SAR/DR <input type="checkbox"/> EVAL/TRNG <input type="checkbox"/> CUSTOMS <input type="checkbox"/> DEA/USFS <input type="checkbox"/> FAA <input type="checkbox"/> OTHER					3. CLAIMANT (Wing/Member)			4. MAILING ADDRESS/PHONE NUMBER				
5. INVOICE (Print or Type) (Please read the instructions on the reverse) <input type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL \$ _____ ESTIMATE OUTSTANDING 												
A. DATE	B. TYPE AIRCRAFT OR VEHICLE	C. AIRCRAFT ID/VEHICLE LICENSE	D. AIRCRAFT/ VEHICLE OWNER		E. HOURS FLOWN	F. HOURLY RATE	G. AIRCRAFT COST CLAIMED	H. FUEL AND OIL COST	I. COMM COST CLAIMED	J. ADMIN (IF APPLICABLE)	K. OTHER COST CLAIMED	L. SUB- TOTAL CLAIMED
			CORP	MBR								
TOTAL CLAIMED BY CATEGORY						6. ACFT COST \$	7. FUEL/OIL \$	8. COMM \$	9. ADMIN \$	10. OTHER \$	11. GRAND TOTAL \$	
12. CERTIFICATIONS									SIGNATURES AND DATES			
A. CAP MEMBER: I CERTIFY THAT THE AMOUNTS CLAIMED WERE PAID FROM MY PERSONAL FUNDS FOR PARTICIPATION IN THE LISTED USAF AUTHORIZED MISSION AND ACCURATELY REFLECT HOURS FLOWN, AUTOMOTIVE FUEL/OIL USED AND/OR OTHER MISCELLANEOUS COSTS												
B. WING COMMANDER: I CERTIFY THE ABOVE EXPENSES ARE A DIRECT RESULT OF SUPPORT/PARTICIPATION IN THE ABOVE LISTED USAF AUTHORIZED												
C. WING LIAISON OFFICER/LNCO: I CERTIFY THIS CLAIM IS TRUE AND PROPER FOR PAYMENT.												
D. CAP-USAF/GOVERNMENT OFFICIAL AUTHORIZED TO RECEIVE Printed Name, Title, Mailing Address, and Telephone Number.							E. NORD NUMBER					
CIVIL PENALTY FOR PRESENTING A FRAUDULENT CLAIM "THE CLAIMANT SHALL FORFEIT AND PAY TO THE UNITED STATES THE SUM OF TWO THOUSAND DOLLARS PLUS DOUBLE THE AMOUNT OF DAMAGES SUSTAINED BY THE UNITED STATES." (SEE 31 U.S.C. 3729) (APPLICABLE TO ALL SIGNATORIES)							CRIMINAL PENALTY FOR PRESENTING A FRAUDULENT CLAIM "FINE OF NOT MORE THAN TEN THOUSAND DOLLARS OR NOT MORE THAN FIVE YEARS IN PRISON OR BOTH." (SEE 18 U.S.C.287.1001) (APPLICABLE TO ALL SIGNATORIES)					

INSTRUCTIONS FOR COMPLETING THE CAPF 108 (Applicable to all personnel/units submitting reimbursement/payment claims)

- All pilots flying on USAF authorized reimbursable missions **MUST SUBMIT** a CAPF 108 to the wing showing aircraft flown, ownership, and flying time (blocks 5A-K) even if no individual claim for reimbursement is made. This information is required for statistical purposes.
- Members must submit original CAPF 108 and appropriate receipts to the wing not later than 30 days after the close of the mission (60 day adjustment period).
- Wings must prepare a consolidated mission CAPF 108 and include corporate aircraft expenses.

BLOCK 1. Enter mission number and mission inclusive dates. Add sequential alpha character to adjustment claims.

BLOCK 2. Check the appropriate block for the type of mission, one block only!

BLOCK 3. Enter member name (or wing name on the consolidated 108).

BLOCK 4. Enter appropriate mailing address/phone number for entry in block 3.

BLOCK 5. Check the appropriate block to identify if this is a partial or the final claim for the mission (block 1). If there are more claims, enter the estimated dollar amount required for the closure if the mission. NOTE: A separate line entry must be made for each aircraft/vehicle utilized.

BLOCK 5A. Enter date expense incurred (as shown on receipt).

BLOCK 5B. Enter the type of aircraft or vehicle.

BLOCK 5C. Enter the aircraft registry number or vehicle license plate number corresponding to 5B.

BLOCK 5D. Check appropriate block to identify entry in 5B.

BLOCK 5E. Enter aircraft hours (hobbs) flown for entry in 5B.

BLOCK 5F. Enter the hourly rate for entry in 5B per CAP Regulation 173-3, Attachment 1.

BLOCK 5G. Multiply the entry in 5E and 5F and enter the results.

BLOCK 5H. Enter the amount claimed for the entry in 5B and attach original receipt(s).

BLOCK 5I. Enter amounts claimed and attach original receipts.

BLOCK 5J. For consolidated CAPFs 108, the wing calculates the amount claimed for administration for missions so authorized (CD, INS, etc.). Multiply the applicable percentage by the amount in block 5G and enter. This calculation is based on corporate and member aircraft and no other items.

BLOCK 5K. Enter amounts claimed for aircraft oxygen service, authorized TDY expenses, etc., and attach original receipts.

BLOCK 5L. Enter the sum of 5G through 5K as appropriate.

BLOCK 6. Enter the total of column G.

BLOCK 7. Enter the total of column H.

BLOCK 8. Enter the total of column I.

BLOCK 9. Enter the total of column J.

BLOCK 10. Enter the total of column K.

BLOCK 11. Enter the total of entries in blocks 6 through 10 **OR** total of columns 5L (both should be equal).

BLOCK 12. Read, complete, sign, and date the appropriate block.